

FILED FEB 23 1950

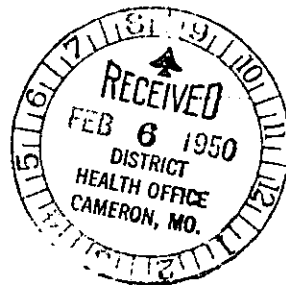
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4377

BIRTH NO. _____		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 5370		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Daviess b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/2 Mile S. E. Gallatin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township d. STREET ADDRESS (If rural, give location) 1/2 Mile S. E. Gallatin, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Leland c. (Last) Boyer		4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 20 1891		9. AGE (In years last birthday) 58 If under 1 year: Months 5 Days 7 If under 1 hr: Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Painter	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Painter		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Daviess County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Boyer		13b. MOTHER'S MAIDEN NAME Mary Long		14. NAME OF HUSBAND OR WIFE Emma Susan Boyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 512-16-9767		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Boyer, Chillicothe, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rifle Bullet entered skull back of R. Ear ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sustained 89190 19	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/4 E. Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Union Daviess Mo.		21d. TIME OF INJURY 1-27-50 5P.	
21d. TIME OF INJURY 1-27-50 5P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Rifle discharge while climbing fence.			
22. I hereby certify that I attended the deceased from after death to _____, 1950, that I last saw the deceased alive on 1-27, 1950, and that death occurred at About 5P., from the causes and on the date stated above.						23a. SIGNATURE Lloyd E. Nelson D.O. (Coroner)	
23a. SIGNATURE Lloyd E. Nelson D.O. (Coroner)		23b. ADDRESS Gallatin, Mo.		23c. DATE SIGNED 1-28-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-1950		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		24d. LOCATION (City, town, or county) (State) Gallatin, Mo.	
DATE REC'D BY LOCAL REG. 31 Jan. 1950		REGISTRAR'S SIGNATURE Virginia M. Englebert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Gallatin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. O. Dickerson
Licensed Embalmer No. 3307

P. O. Address Gallatin, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.